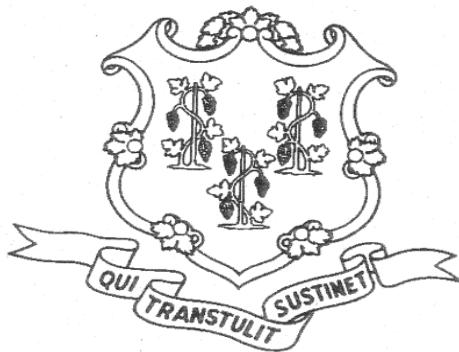


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Arden House Care and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 850 Mix Avenue, Hamden, CT 06514	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2199-C	RHNS	(Specify)	Medicare Provider 07-5228
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 20371	RHNS	ICF-IID
----------------------------	---------------	------	---------

For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

General Information

Name of Facility (as licensed) Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2019	Page 1	of 37
--	-----------------------	------------------------------------	-----------	----------

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Arden House Care and Rehabilitation Center [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)	Date	Signed (Owner)	Date	
Printed Name (Administrator) McDonnell,Patrick Michael		Printed Name (Owner) Keith Davis, V.P of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public				

(Notary Seal)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

State of Connecticut
Department of Social Services
55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment				Page 1A	of 37
Name of Facility Arden House Care and Rehabilitation Center	Period Covered:	From 10/1/2018	To 9/30/2019		
Address of Facility 850 Mix Avenue, Hamden, CT 06514					
Report Prepared By Thomas Farnan	Phone Number 978-247-5029	Date 12/28/2019			
Item	Total	CCNH	RHNS	(Specify)	
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$	8,265,178	8,265,178		
5. All other wages paid	\$	1,126,838	1,126,838		
6. Total Wages Paid	\$	9,392,016	9,392,016		
7. Total salaries paid	\$	377,416	377,416		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	9,769,432	9,769,432		

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-281-3500	9/30/2019	2	37

Name of Facility (as shown on license) Arden House Care and Rehabilitation Center		Address (No. & Street, City, State, Zip) 850 Mix Avenue, Hamden, CT 06514		
License Numbers:	CCNH 2199-C	RHNS	(Specify)	Medicare Provider No. 07-5228
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.

Administrator		
Name of Administrator McDonnell,Patrick Michael		Nursing Home Administrator's License No.: 1574
Other Operators/Owners who are assistant administrators (full or part time) of this facility.		
Name	License No.:	

General Information and Questionnaire Partners/Members

General Information and Questionnaire

Corporate Owners

Name of Facility Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2019	Page 3A	of 37
--	-----------------------	------------------------------------	------------	----------

If this facility is owned or operated as a corporation, provide the following information:

General Information and Questionnaire

Individual Proprietorship

Name of Facility Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2019	Page 3B	of 37
--	-----------------------	------------------------------------	------------	----------

If this facility is owned or operated as an individual proprietorship, provide the following information:

Harborside Connecticut Limited Partnership

d/b/a Arden House

OWNERSHIP DISCLOSURE

LICENSEE

Harborside Connecticut LP

FEIN: 06-1496629

Provider Location: Arden House, 850 Mix Avenue, Hamden CT 06514-2102

AGENT FOR SERVICE: Corporation Service Company, 50 Weston Street, Hartford CT 06120

Officers/Directors (of General Partner):

Name	Title
George V. Hager, Jr.	Chief Executive Officer, Assistant Treasurer & Assistant Secretary
Robert A. Reitz	Executive Vice President & Chief Operating Officer
Thomas DiVittorio	Chief Financial Officer, Treasurer and Assistant Secretary
Michael S. Sherman	Senior Vice President, Secretary & Assistant Treasurer
	Assistant Secretary
Michael Berg	Executive Vice President – Northeast Division
Dick Blinn	Senior Vice President – Northeast Division
Wendy LaBate	

OWNERSHIP:

Harborside Healthcare I LLC is the General Partner of Harborside Connecticut LP

Harborside Healthcare Advisors, LP is the Sole Member of Harborside Healthcare I LLC

Harborside Healthcare LLC is the 99% Partner of Harborside Healthcare Advisors LP

KHI, LLC is the 1% Partner of Harborside Healthcare Advisors LP

SunBridge Healthcare LLC is the 100% Owner of Harborside Healthcare LLC

Sun Healthcare Group, Inc. is the 100% Owner of SunBridge Healthcare LLC

GHC Holdings II LLC is the 100% Owner of Sun Healthcare Group, Inc.

Address for Above Entities: 101 East State Street, Kennett Square, PA 19348 - 610-444-6350

Genesis HealthCare LLC

c/o CT Corporation System, 100 Pine Street, Suite 325, Harrisburg, PA, 17101

EIN: 27-3237296

Ownership: GEN Operations II, LLC. (100% membership interest)

MENT ENTITIES HAVING BENEFICIAL OWNERSHIP

Genesis HealthCare LLC

EIN: 27-3237296

101 East State Street

Kennett Square, PA 19348

Ownership

GEN Operations II, LLC (100%)

GEN Operations II, LLC

EIN: 27-3237225
101 East State Street
Kennett Square, PA 19348

Ownership

GEN Operations I, LLC (100%)

GEN Operations I, LLC

EIN: 27-3237090
101 East State Street
Kennett Square, PA 19348

Ownership

FC-GEN Operations Investment, LLC (100%)

FC-GEN Operations Investment, LLC

EIN: 27-3237005
101 East State Street
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (approximately 59.2957%)
Sundance Rehabilitation Holdco, Inc. (5.5444%)
Other members that are disclosed herein as owners of Genesis Healthcare, Inc.
Other members that do not trigger 5% ownership test

Sundance Rehabilitation Holdco, Inc.

EIN: 38-3954180
101 East State Street
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (100%)

Sun Healthcare Group, Inc.

EIN: 13-4230695
101 East State Street
Kennett Square, PA 19348

Ownership

Genesis Healthcare, Inc. (100%)

Genesis Healthcare, Inc.

(publicly traded company on the New York Stock Exchange)

(f/k/a Skilled Healthcare Group, Inc.)

EIN: 20-3934755

101 East State Street

Kennett Square, PA 19348

Ownership

HCCF Management Group XI, LLC (approximately 14.0%)

Senior Care Genesis, LLC (approximately 5.3%)

ZAC Properties XI, LLC (approximately 8.1%)

Welltower, Inc. (approximately 5.9%)

Others that do not trigger 5% ownership test

HCCF Management Group XI, LLC

EIN: 20-8751674

3820 Mansell Road

Suite 280

Alpharetta, GA 30022

Ownership

[Arnold M. Whitman\[1\]](#)

3820 Mansell Road

Suite 280

Alpharetta, GA 30022

ZAC Properties XI, LLC

EIN: 20-8794579

1617 JFK Boulevard

Suite 545

Philadelphia, PA 19103

Ownership

[Steven E. Fishman\[2\]](#)

1617 JFK Boulevard

Suite 545

Philadelphia, PA 19103

Other members that do not trigger 5% ownership test

Welltower Inc.

EIN: 34-1096634

4500 Dorr Street

Toledo, OH 43615

Ownership

(publicly traded company on the New York Stock Exchange)

Senior Care Genesis, LLC

EIN: 20-8282470
234 Church Street, Suite 901
New Haven, CT 06510

Ownership
David Reis[3]

234 Church Street, Suite 901
New Haven, CT 06510

The information included in this memorandum supersedes all previously submitted ownership information for the Operator as well as all officer/director/manager information for the Operator and its 5% or more direct and indirect owners.

[1] HCCF is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Whitman may be considered a 5% owner.
[2] ZAC Properties is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Fishman may be considered a 5% owner.

3 Senior Care is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Reis may be considered the beneficial owner of the shares held by Senior Care.

General Information and Questionnaire

Related Parties*

Name of Facility Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2019			Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.				
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?				<input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:				
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	1,026,782	1,026,782
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	66%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	669,059	669,059
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	50%	Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12	69,944	69,944
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	84%	Outside Agency	Pg 13/B11 pg 10-12, 15		
Respiratory Health Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	254	254
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	433,986	433,986
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Page 17, page 26-12A		
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2019	Page 5	of 37
--	-----------------------	------------------------------------	-----------	----------

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Is a Mileage Log Book Maintained for All Leased Vehicles?

Yes

⊕ No

Total ***

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire

Accounting Basis

Name of Facility Arden House Care and Rehabilitation	License No. 2199-C	Report for Year Ended 9/30/2019	Page 7	of 37
---	-----------------------	------------------------------------	-----------	----------

The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
---	---

Services Provided by This Firm (*describe fully*)

1 Year end financial audit	\$
2	\$
3	\$
4	\$
	Charge for Services Provided \$

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

Yes No

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Goldman Gruder & Woods LLC 2 Wiggin And Dana LLP 3 4 5	Telephone Number 203-899-8900 203-498-4400
--	--

Address (No. & Street, City, State, Zip Code)

1 200 Connecticut Ave Norwalk, CT 06854
2 One Century Tower, New Haven, CT 06508
3
4
5

Services Provided by This Firm (*describe fully*)

1 Property Ownership search	\$
2 Deseased record services	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

Yes No

Schedule of Resident Statistics

Name of Facility Arden House Care and Rehabilitation Center			License No. 2199-C				Report for Year Ended 9/30/2019				Page 8 of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					360	360			360	360		
A. On last day of PREVIOUS report period	360	360			360	360			360	360		
B. On last day of THIS report period	360	360			360	360			360	360		
2. Number of Residents					241	241			253	253		
A. As of midnight of PREVIOUS report period	241	241			241	241			253	253		
B. As of midnight of THIS report period	252	252			253	253			252	252		
3. Total Number of Days Care Provided During Period					1,652	1,652			437	437		
A. Medicare	2,089	2,089			1,652	1,652			437	437		
B. Medicaid (Conn.)	84,688	84,688			62,803	62,803			21,885	21,885		
C. Medicaid (other states)												
D. Private Pay	1,432	1,432			1,072	1,072			360	360		
E. State SSI for RCH												
F. Other (Specify)	1,928	1,928			1,325	1,325			603	603		
G. Total Care Days During Period (3A thru F)	90,137	90,137			66,852	66,852			23,285	23,285		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	90,137	90,137			66,852	66,852			23,285	23,285		

Schedule of Resident Statistics (Cont'd)

Name of Facility Arden House Care and Rehabilitation Center			License No. 2199-C			Report for Year Ended 9/30/2019			Page 9	of 37	
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:											
Date of Change	Place of Change			Change in Beds				Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost		Gained		CCNH	RHNS	(Specify)	
(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)			
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.											
Change in Resident Days								CCNH	RHNS	(Specify)	
								1st change			
2nd change											
3rd change											
4th change											
6. Number of Residents and Rates on September 30 of Cost Year											
Item	Medicare		Medicaid		Self-Pay			Other State Assisted			
	CCNH	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR		
No. of Residents	1	242		9							
Per Diem Rate											
a. One bed rm.											
b. Two bed rms.	546.83	223.32		456.88							
c. Three or more bed rms.											
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)
								2,999	2,999		
A. Medicare - Part B											
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments								1,898	1,898		
C. Other								8,137	8,137		
D. Total Physical Therapy Treatments								13,034	13,034		
8. Total Number of Speech Therapy Treatments											
A. Medicare - Part B								602	602		
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments								2,141	2,141		
C. Other								1,300	1,300		
D. Total Speech Therapy Treatments								4,043	4,043		
9. Total Number of Occupational Therapy Treatments											
A. Medicare - Part B								4,767	4,767		
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments								662	662		
C. Other								9,379	9,379		
D. Total Occupational Therapy Treatments								14,808	14,808		

Report of Expenditures - Salaries & Wages

Name of Facility Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2019		Page 10	of 37		
Are time records maintained by all individuals receiving compensation?	<input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours							
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours		
A. Salaries and Wages*							
1. Operators/Owners (Complete also Sec. I of Schedule A1)							
2. Administrator(s) (Complete also Sec. III of Schedule A1)	136,515	2,080					
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	4,904	136					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	395,096	15,688					
5. Dietary Service							
a. Head Dietitian							
b. Food Service Supervisor							
c. Dietary Workers							
6. Housekeeping Service							
a. Head Housekeeper							
b. Other Housekeeping Workers							
7. Repairs & Maintenance Services							
a. Engineer or Chief of Maintenance	109,479	3,937					
b. Other Maintenance Workers	110,643	6,405					
8. Laundry Service							
a. Supervisor							
b. Other Laundry Workers							
9. Barber and Beautician Services							
10. Protective Services							
11. Accounting Services							
a. Head Accountant							
b. Other Accountants							
12. Professional Care of Residents							
a. Directors and Assistant Director of Nurses	235,997	4,611					
b. RN							
1. Direct Care	1,150,813	27,404					
2. Administrative**	90,523	2,328					
c. LPN							
1. Direct Care	2,839,695	93,468					
2. Administrative**							
d. Aides and Attendants	3,973,049	213,909					
e. Physical Therapists							
f. Speech Therapists							
g. Occupational Therapists							
h. Recreation Workers	274,212	13,585					
i. Physicians							
1. Medical Director							
2. Utilization Review							
3. Resident Care***							
4. Other (Specify)							
j. Dentists							
k. Pharmacists							
l. Podiatrists							
m. Social Workers/Case Management	237,408	8,826					
n. Marketing							
o. Other (Specify)							
See Attached Schedule	211,098	9,461					
A-13. Total Salary Expenditures	9,769,432	401,837					

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility Arden House Care and Rehabilitation Center				License No. 2199-C		Report for Year Ended 9/30/2019			Page 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** employment worked during the cost year.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Arden House Care and Rehabilitation Center				2199-C		9/30/2019			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
McDonnell,Patrick Michael	136,515				Management of Center	2,080	2			
Section IV - Assistant Administrators										
Mightly,Shanique Racquel	4,904				Management of Center	136	3			

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include all other employment worked during the cost year.

*** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
	2199-C	9/30/2019		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	36,949	253			
3. Pharmacist	28,797	588			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	475,703	6,516			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	78,187	414			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care	86,554	1,110			
b. Other					
10. Occupational Therapist					
a. Resident Care	218,190	2,989			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care					
2. Administrative***					
b. LPN					
1. Direct Care	15,899	375			
2. Administrative***					
c. Aides					
d. Other					
12. Other (Specify)					
See Attached Schedule	2,559				
B-13 Total Fees Paid in Lieu of Salaries	942,837	12,245			

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

*** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

Report of Expenditures

Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	307,711	307,711		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	127,808	127,808		
4. Social Security (F.I.C.A.)	\$	715,101	715,101		
5. Health Insurance	\$	900,444	900,444		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	553,524	553,524		
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$	68,611	68,611		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	34,716	34,716		
d. Accounting and Auditing	\$				
e. Legal (<i>Services should be fully described on Page 7</i>)	\$				
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	37,419	37,419		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	18,220	18,220		
2. Cellular Phones	\$	2,549	2,549		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$	1,585	1,585		
3. Resident Day User Fee	\$	1,400,132	1,400,132		
Subtotal	\$	4,167,819	4,167,819		

* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Union Health & Welfare	\$ 768	\$ -	\$ -
Union Health & Welfare	\$ 12	\$ -	\$ -
Union Health & Welfare	\$ 1,402	\$ -	\$ -
Union Health & Welfare	\$ 8	\$ -	\$ -
Union Health & Welfare	\$ 2,108	\$ -	\$ -
Union Health & Welfare	\$ 27,164	\$ -	\$ -
Union Health & Welfare	\$ 36,116	\$ -	\$ -
Union Health & Welfare	\$ 1,032	\$ -	\$ -
Total	\$ 68,611	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales Tax	\$ 1,585	\$ -	\$ -
Sales Tax	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Total	\$ 1,585	\$ -	\$ -

C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2019		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	4,167,819	4,167,819		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	354	354		
5. Education Expenses Related to Seminars and Conventions	\$	1,096	1,096		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	8,200	8,200		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	6,551	6,551		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	23,719	23,719		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	500	500		
9. Subscriptions	\$	225	225		
10. Contributions*** See Attached Schedule	\$	4,793	4,793		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	7,556	7,556		
12. Administrative Management Services**	\$	954,845	954,845		
13. Other (<i>Specify</i>) See Attached Schedule	\$	94,166	94,166		
<i>C-14 Total Administrative & General Expenditures</i>	\$	5,269,824	5,269,824		

* Do not include Subscriptions, which should go in item 9.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 1,929	\$ -	\$ -
Marketing Expense	\$ 4,839	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 1,432	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ -	\$ -	\$ -
Total Other Advertising	\$ 8,200	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 24,219	\$ -	\$ -
Dues to Chamber of Commerce	\$ (500)	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Dues	\$ 23,719	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 75	\$ -	\$ -
Political Contributions	\$ 4,718	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Contributions	\$ 4,793	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 6,639	\$ -	\$ -
Collection Fees	\$ 32,120	self-disallowed	\$ -
Education Expense	\$ 17	\$ -	\$ -
Employee Physicals	\$ 12,075	\$ -	\$ -
Employee Relations	\$ 5,167	\$ -	\$ -
Printing	\$ 104	\$ -	\$ -
Training Expense	\$ 737	\$ -	\$ -
Fines & Penalties	\$ 15,253	self-disallowed	\$ -
Miscellaneous	\$ 7	\$ -	\$ -
Rental Expense	\$ 7,277	\$ -	\$ -
Accrued Expense Estimation	\$ 2,378	self-disallowed	\$ -
Landlord Operating Taxes	\$ 600	\$ -	\$ -
State Tax Annual Report Filing	\$ -	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Non-recurring Charges	\$ 11,466	\$ -	
Interest Expense	\$ (9)	\$ -	
Uniforms	\$ 335	\$ -	
Total Other Administrative and General	\$ 94,166	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Arden House Care and Rehabilitation Cen	2199-C	9/30/2019	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	1,026,782	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

*** In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)

Name of Facility Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2019		Page 18 of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 435,656	435,656		
2. Non-Food Supplies	\$ 72,015	72,015		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 1,891,884	1,891,884		
c. Other (Specify) _____	\$ _____			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 2,399,556	2,399,556		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2019		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	17,545	17,545		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	23,961	23,961		
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	717,860	717,860		
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	759,366	759,366		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?			(Page/Line Item)		
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?			(Page/Line Item)		

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

*** Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care
Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 28,840	28,840		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
	Amt.	\$ 1,086,266	1,086,266		
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	1,115,106	1,115,106		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	132,640	132,640		
b. Medicine Cabinet Drugs	\$	31,264	31,264		
c. Medical and Therapeutic Supplies	\$	186,648	186,648		
d. Ambulance/Limousine***	\$	6,681	6,681		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	2,008	2,008		
f. X-rays and Related Radiological Procedures***	\$	5,292	5,292		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	40,588	40,588		
i. Recreation	\$	58,243	58,243		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	151,199	151,199		
5M. Total Resident Care Expenditures (5a - 5j)	\$	614,562	614,562		

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Incontinency	\$ 121,956	\$ -	\$ -
Advertising-Help Wanted	\$ (51)	\$ -	\$ -
Advertising-Help Wanted	\$ 1,153	\$ -	\$ -
Books, Dues & Subscriptions	\$ 121	\$ -	\$ -
Education Expense	\$ 3,429	\$ -	\$ -
Supplies	\$ 318	\$ -	\$ -
Supplies	\$ 3,354	\$ -	\$ -
Supplies	\$ 617	\$ -	\$ -
Office Supplies	\$ (95)	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Training Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 568	\$ -	\$ -
Rental Expense	\$ 5,748	\$ -	\$ -
Consolidated Billing	\$ 14,081	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Miscellaneous	\$ -	\$ -	\$ -
Licenses & Certifications	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
Total Other Resident Care	\$ 151,199	\$ -	\$ -

Report of Expenditures
Schedule C-2 - Individuals or Firms Providing Services by Contract *

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2019			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	379,163	379,163			
b. Heat	\$	61,311	61,311			
c. Light & Power	\$	279,768	279,768			
d. Water	\$	158,487	158,487			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	878,728	878,728			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	381	381			
c. Non-Movable Equipment	\$	40	40			
d. Movable Equipment	\$	54,283	54,283			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	54,704	54,704			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	490,422	490,422			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	381,822	381,822			
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	926,948	926,948			

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Schedule of Other Repairs and Maintenance

Depreciation Schedule

Name of Facility Arden House Care and Rehabilitation Center				License No. 2199-C			Report for Year Ended 9/30/2019				Page 23	of 37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period				3,163		3,163	3,163	S/L	Various				
2. Disposals (attach schedule)				(3,163)		(3,163)	(3,163)						
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period				1,077,006		1,077,006	1,077,006	S/L	Various				
2. Disposals (attach schedule)				(1,077,006)		(1,077,006)	(1,077,006)						
3. Acquired during this report period (attach schedule)				12,199		12,199				381			
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period				307,633		307,633	307,633	S/L	Various	1			
2. Disposals (attach schedule)				(307,633)		(307,633)	(307,633)						
3. Acquired during this report period (attach schedule)				2,344		2,344				39			
C-4. Subtotal													
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
	Yes	No	Month	Year									
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period					556,260		556,260	394,014	S/L	Various	49,065		
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)					98,033		98,033				5,218		
D-3. Subtotal													
E. Total Depreciation												54,283	
												54,704	

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

****Ties to Page 23, Line A2**

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
5/31/2019	11 New Fire Doors pmt 2	\$ 11,242	5	\$ 381
7/31/2019	Weatherproof Outdoor Phone	\$ 956	5	\$ -
Total additions for Building Improvements		\$ 12,199		\$ 381 *
Deletions:				
10/1/2018	Asset Deletions - See attached	\$ (1,077,006)		
Total deletions for Building Improvements		\$ (1,077,006)		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

*Ties to Page 23, Line C3

****Ties to Page 23, Line C2**

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
6/30/2019	2 Prosumer Televisions 32"	\$ 518	05 00	\$ 26
7/31/2019	2 Prosumer 32" HDTVs	\$ 518	04 11	\$ 18
8/31/2019	Unimac Hardmount Washer Extractor 80lb Capacity	\$ 16,730	04 10	\$ 288
9/30/2019	8 Floor Lifts, 6 500lb & 2 700lb, & 51 slings	\$ 48,267	04 09	\$ -
12/31/2018	24 Overbed Tables	\$ 1,939	05 06	\$ 264
2/28/2019	2 Maxwell Thomas Elkhart Lounge Chairs & 1 Maxwell Thomas Elkhart Sof	\$ 3,053	05 04	\$ 334
2/28/2019	18 Maxwell Thomas Huntsville Quick Ship Chairs	\$ 5,469	05 04	\$ 598
2/28/2019	Direct Supply Meal Delivery Cart Stainless Steel Single Door 18 tray capaci	\$ 2,246	05 04	\$ 246
3/31/2019	Maxwell Thomas Coffee Table & 2 - Square End Tables	\$ 1,265	05 03	\$ 120
4/30/2019	Hollywood Rollaway Twin Bed	\$ 345	05 02	\$ 28
10/31/2018	Cordless Miter Saw	\$ 792	05 00	\$ 145
1/31/2019	Heat Gun & Kit w/ a stopper	\$ 375	05 00	\$ 50
4/30/2019	Drain Cleaning Machine	\$ 700	05 00	\$ 58
6/30/2019	Cut Off Saw Electric Blade	\$ 903	05 00	\$ 45
10/31/2018	Promatt Plus Mattress System	\$ 2,196	03 00	\$ 671
11/30/2018	10 Visco Select Mattresses	\$ 2,414	03 00	\$ 671
1/31/2019	2 Visco Select 36x84x7, 19 Visco Select 36x76x7 21 total	\$ 5,070	03 00	\$ 1,127
5/31/2019	15 Mattresses	\$ 3,621	03 00	\$ 402
7/31/2019	ADA TTY/TDD Text Telephone	309.69	04 11	10.5
4/30/2019	Model 7 Digital EzPress	770	03 00	106.94
8/31/2019	350' Cat 5 cable line ran for TV system they had installed	531.75	04 10	9.17
Total additions for Movable Equipment		\$ 98,033		\$ 5,218 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Depreciable Basis	Current Accum Depreciation	(1,387,802.58)
57000	150020	Land Imp	008162	000	Professional Services	12/31/2013	(195.00) R	SLMM	10 06	195.00	(195.00)		
57000	150025	Land Imp	007485	000	Exterior signage	6/30/2013	(2,968.00) R	SLMM	10 00	2,968.00	(2,968.00)		
57000	150050	Bldg Imp	007256	000	Profennsional Services	4/30/2013	(4,875.00) R	SLMM	11 02	4,875.00	(4,875.00)		
57000	150050	Bldg Imp	007257	000	Project Manager Time Allocati	4/30/2013	(2,624.29) R	SLMM	11 02	2,624.29	(2,624.29)		
57000	150050	Bldg Imp	007258	000	Profennsional Services	4/30/2013	(675.00) R	SLMM	11 02	675.00	(675.00)		
57000	150050	Bldg Imp	007347	000	5 Red Oak wood doors and hin	5/31/2013	(2,405.00) R	SLMM	11 01	2,405.00	(2,405.00)		
57000	150050	Bldg Imp	007348	000	Engineering Services	5/31/2013	(463.56) R	SLMM	11 01	463.56	(463.56)		
57000	150050	Bldg Imp	007349	000	Property Management time allc	5/31/2013	(1,345.90) R	SLMM	11 01	1,345.90	(1,345.90)		
57000	150050	Bldg Imp	007642	000	Advantage 1000DE double doc	7/31/2013	(5,962.62) R	SLMM	10 11	5,962.62	(5,962.62)		
57000	150050	Bldg Imp	007643	000	Property Manager Time Allocat	7/31/2013	(1,249.41) R	SLMM	10 11	1,249.41	(1,249.41)		
57000	150050	Bldg Imp	007778	000	Property Management Time Al	8/31/2013	(2,829.02) R	SLMM	10 10	2,829.02	(2,829.02)		
57000	150050	Bldg Imp	007779	000	Sitework and general condition	8/31/2013	(68,821.32) R	SLMM	10 10	68,821.32	(68,821.32)		
57000	150050	Bldg Imp	007884	000	Gen conditions plumb electric	9/30/2013	(76,065.68) R	SLMM	10 09	76,065.68	(76,065.68)		
57000	150050	Bldg Imp	007885	000	Property Management Time Al	9/30/2013	(1,114.58) R	SLMM	10 09	1,114.58	(1,114.58)		
57000	150050	Bldg Imp	007886	000	Professional Services	9/30/2013	(1,771.95) R	SLMM	10 09	1,771.95	(1,771.95)		
57000	150050	Bldg Imp	007969	000	Property Management Time Al	10/31/2013	(1,148.49) R	SLMM	10 08	1,148.49	(1,148.49)		
57000	150050	Bldg Imp	008057	000	1 and 3 compartment sinks	11/30/2013	(776.78) R	SLMM	10 07	776.78	(776.78)		
57000	150050	Bldg Imp	008058	000	Property Management Time Al	11/30/2013	(667.18) R	SLMM	10 07	667.18	(667.18)		
57000	150050	Bldg Imp	008059	000	Additional interior work	11/30/2013	(29,091.70) R	SLMM	10 07	29,091.70	(29,091.70)		
57000	150050	Bldg Imp	008161	000	Exterior and unforeseen condit	12/31/2013	(35,105.79) R	SLMM	10 06	35,105.79	(35,105.79)		
57000	150050	Bldg Imp	008315	000	1 exhaust fan	1/31/2014	(606.85) R	SLMM	10 05	606.85	(606.85)		
57000	150050	Bldg Imp	008317	000	New circuit breaker and circuit	1/31/2014	(1,814.03) R	SLMM	10 05	1,814.03	(1,814.03)		
57000	150050	Bldg Imp	008318	000	INSTALL NEW 220 VOLT O	1/31/2014	(1,401.79) R	SLMM	10 05	1,401.79	(1,401.79)		
57000	150050	Bldg Imp	008321	000	1st install of chiller and tower	1/31/2014	(146,010.00) R	SLMM	10 05	146,010.00	(146,010.00)		
57000	150050	Bldg Imp	008322	000	Grease trap project	1/31/2014	(377.54) R	SLMM	10 05	377.54	(377.54)		
57000	150050	Bldg Imp	008323	000	Grease trap project	1/31/2014	(802.94) R	SLMM	10 05	802.94	(802.94)		
57000	150050	Bldg Imp	008416	000	Caterpillar Generator Model SI	2/28/2014	(22,170.06) R	SLMM	10 04	22,170.06	(22,170.06)		
57000	150050	Bldg Imp	008486	000	2nd installment onChiller and t	3/31/2014	(146,010.00) R	SLMM	10 03	146,010.00	(146,010.00)		
57000	150050	Bldg Imp	008487	000	Related to grease trap project	3/31/2014	(313.73) R	SLMM	10 03	313.73	(313.73)		
57000	150050	Bldg Imp	008488	000	Related to grease trap project	3/31/2014	(993.31) R	SLMM	10 03	993.31	(993.31)		
57000	150050	Bldg Imp	008489	000	Related to grease trap project	3/31/2014	(993.31) R	SLMM	10 03	993.31	(993.31)		
57000	150050	Bldg Imp	008490	000	Related to grease trap project	3/31/2014	(993.31) R	SLMM	10 03	993.31	(993.31)		
57000	150050	Bldg Imp	008491	000	Related to grease trap project	3/31/2014	(989.00) R	SLMM	10 03	989.00	(989.00)		
57000	150050	Bldg Imp	008493	000	Grinder pump	3/31/2014	(10,580.78) R	SLMM	10 03	10,580.78	(10,580.78)		
57000	150050	Bldg Imp	008494	000	Related to grease trap project	3/31/2014	(876.32) R	SLMM	10 03	876.32	(876.32)		
57000	150050	Bldg Imp	008495	000	Related to grease trap project	3/31/2014	(876.32) R	SLMM	10 03	876.32	(876.32)		
57000	150050	Bldg Imp	008496	000	Related to grease trap project	3/31/2014	(876.32) R	SLMM	10 03	876.32	(876.32)		
57000	150050	Bldg Imp	008497	000	Related to grease trap project	3/31/2014	(818.90) R	SLMM	10 03	818.90	(818.90)		
57000	150050	Bldg Imp	008498	000	Related to grease trap project	3/31/2014	(876.32) R	SLMM	10 03	876.32	(876.32)		
57000	150050	Bldg Imp	008499	000	Related to grease trap project	3/31/2014	(175.48) R	SLMM	10 03	175.48	(175.48)		
57000	150050	Bldg Imp	008500	000	Related to grease trap project	3/31/2014	(876.32) R	SLMM	10 03	876.32	(876.32)		
57000	150050	Bldg Imp	008834	000	Labor and materials for triple d	6/30/2014	(3,550.00) R	SLMM	10 00	3,550.00	(3,550.00)		
57000	150050	Bldg Imp	008835	000	Final installment on chiller and	6/30/2014	(26,405.00) R	SLMM	10 00	26,405.00	(26,405.00)		
57000	150050	Bldg Imp	010613	000	Water main repair	3/31/2016	(3,461.79) R	SLMM	08 03	3,461.79	(3,461.79)		
57000	150050	Bldg Imp	011477	000	50% deposit on new doors	12/31/2016	(5,843.82) R	SLMM	07 06	5,843.82	(5,843.82)		
57000	150050	Bldg Imp	011618	000	Multipule fire doors	2/28/2017	(5,843.81) R	SLMM	07 04	5,843.81	(5,843.81)		
57000	150050	Bldg Imp	012095	000	3-Inled Doors for Laundry Chu	6/30/2017	(4,402.89) R	SLMM	07 00	4,402.89	(4,402.89)		
57000	150055	Bldg Imp	006787	000	Sun Valuation - PPE Building	12/1/2012	(206,160.00) R	SLMM	11 07	206,160.00	(206,160.00)		
57000	150055	Bldg Imp	009596	000	Upgrade 2 duraglide headers ai	4/30/2015	(4,596.65) R	SLMM	09 02	4,596.65	(4,596.65)		
57000	150055	Bldg Imp	009843	000	Hot water boiler	7/31/2015	(29,245.19) R	SLMM	08 11	29,245.19	(29,245.19)		
57000	150055	Bldg Imp	011518	000	Underground fuel tank	1/31/2017	(66,875.00) R	SLMM	07 05	66,875.00	(66,875.00)		
57000	150057	Bldg Imp	007351	000	Roam Alert Wander System	5/31/2013	(28,688.44) R	SLMM	10 00	28,688.44	(28,688.44)		
57000	150057	Bldg Imp	007970	000	Wander Detection System	10/31/2013	(32,208.63) R	SLMM	10 00	32,208.63	(32,208.63)		
57000	150057	Bldg Imp	008484	000	Video Surveillance System,Wi	3/31/2014	(494.97) R	SLMM	10 00	494.97	(494.97)		
57000	150057	Bldg Imp	009025	000	Flooring paint and labor for ins	8/31/2014	(36,273.86) R	SLMM	09 10	36,273.86	(36,273.86)		
57000	150057	Bldg Imp	009503	000	Ceiling repair due to sprinkler	3/31/2015	(13,685.69) R	SLMM	09 03	13,685.69	(13,685.69)		
57000	150057	Bldg Imp	012029	000	Vinyl Plank Flooring	6/30/2017	(491.82) R	SLMM	07 00	491.82	(491.82)		
57000	150057	Bldg Imp	012030	000	Vinyl Plank Flooring	6/30/2017	(491.82) R	SLMM	07 00	491.82	(491.82)		
57000	150057	Bldg Imp	012097	000	Vinyl Plank Flooring	6/30/2017	(4,257.79) R	SLMM	07 00	4,257.79	(4,257.79)		
57000	150065	Bldg Imp	007043	000	LANDSCAPING	12/31/2012	(19,833.50) R	SLMM	11 06	19,833.50	(19,833.50)		
57000	150065	Bldg Imp	007044	000	STRUCTURE	12/31/2012	(6,776.27) R	SLMM	11 06	6,776.27	(6,776.27)		
57000	150075	Non Mova	006788	000	Sun Valuation - PPE Fixed Eq	12/1/2012	(277,530.00) P	SLMM	10 00	277,530.00	(277,530.00)		
57000	150075	Non Mova	008316	000	sump pump	1/31/2014	(410.73) P	SLMM	10 00	410.73	(410.73)		
57000	150075	Non Mova	009837	000	Lease refrigeration unit/compr	7/31/2015	(685.96) P	SLMM	08 11	685.96	(685.96)		
57000	150075	Non Mova	009838	000	Lease refrigeration unit/compr	7/31/2015	(478.58) P	SLMM	08 11	478.58	(478.58)		
57000	150075	Non Mova	009839	000	Compressor for walk in	7/31/2015	(1,555.00) P	SLMM	08 11	1,555.00	(1,555.00)		
57000	150075	Non Mova	009840	000	Refrigeration unit steam clean/	7/31/2015	(106.35) P	SLMM	08 11	106.35	(106.35)		
57000	150075	Non Mova	009841	000	Compressor for walk in	7/31/2015	(1,555.00) P	SLMM	08 11	1,555.00	(1,555.00)		
57000	150075	Non Mova	010611	000	new blower motors for 3 rooms	3/31/2016	(4,357.58) P	SLMM	08 03	4,357.58	(4,357.58)		
57000	150075	Non Mova	010754	000	First installment of replacing w	4/30/2016	(6,180.00) P	SLMM	08 02	6,180.00	(6,180.00)		
57000	150075	Non Mova	010843	000	Second installment of replacing	4/30/2016	(7,550.00) P	SLMM	08 02	7,550.00	(7,550.00)		
57000	150075	Non Mova	011612	000	circulator pump for hot water h	2/28/2017	(4,551.12) P	SLMM	07 04	4,551.12	(4,551.12)		
57000	150075	Non Mova	012096	000	Grinder Pump	6/30/2017	(2,673.11) P	SLMM	07 00	2,673.11	(2,673.11)		

Amortization Schedule*

Name of Facility Arden House Care and Rehabilitation Center			License No. 2199-C		Report for Year Ended 9/30/2019			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire

Name of Facility Arden House Care and Rehabilitation	License No. 2199-C	Report for Year Ended 9/30/2019	Page 25	of 37
---	-----------------------	------------------------------------	------------	----------

11. Property Questionnaire

Part A

Is the property either owned by the Facility
or leased from a Related Party?*

Yes

No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased	n/a			
2. Date Structure Completed	n/a			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	360			
6. Square Footage				
7. Acquisition Cost				
a. Land	n/a			
b. Building	n/a			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
SABRA, 101 Sun Ave. NE, Albuquerque, NM 87107	Facility Lease	11/15/10 - 6/30	163 months	490,422
SABRA, 101 Sun Ave. NE, Albuquerque, NM 87107				

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

C. Expenditures Other Than Salaries (cont'd) - Interest

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount		\$				
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$				

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$				
14. Insurance						
a. Insurance on Property (buildings only)	\$	12,107	12,107			
b. Insurance on Automobiles	\$					
c. Insurance other than Property (as specified above)						
1. Umbrella (<i>Blanket Coverage</i>)	\$	421,880	421,880			
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$					
14d. Total Insurance Expenditures (14a + b + c)	\$	433,987	433,987			
15. Total All Expenditures (A-13 thru C-14)	\$	23,110,345	23,110,345			

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.		2199-C	9/30/2019	28 37	
			Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 20,799	20,799		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 781,278	781,278		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 34,716	34,716		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 8,200	8,200		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 4,793	4,793		
21.			Unallowable Management Fees	\$ (71,937)	(71,937)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 54,522	54,522		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 832,371	832,371			

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	\$ 20,799	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
Total Other Salaries Adjustment			\$ 20,799	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 159,966	\$ -	\$ -
13	5	Rehabilitation Services	\$ 315,737	\$ -	\$ -
13	9	Speech Therapist	\$ 86,554	\$ -	\$ -
13	10	Occupational Therapist	\$ 218,190	\$ -	\$ -
13	12	Other	\$ 460	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ 371	\$ -	\$ -
Total Other Fees Adjustments			\$ 781,278	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 32,120	\$ -	\$ -
16	m-13	Estimated Accrual	\$ 2,378	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ 11,466	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ 500	\$ -	\$ -
16	m-13	Penalty	\$ 15,253	\$ -	\$ -
16	m-12		0	\$ -	\$ -
15	1-a-1	adj workers comp	\$ (7,195)	\$ -	\$ -
Total Other A&G Adjustments			\$ 54,522	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

D. Adjustments to Statement of Expenditures (cont'd)

Name of Facility			License No.	Report for Year Ended		Page	of
Item No.	Page No.	Line No.		2199-C	9/30/2019	29	37
						Total Amount of Decrease	
						CCNH	RHNS
						(Specify)	
			Subtotals Brought Forward			\$ 832,371	832,371
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 132,640	132,640		
28.	20	5-d	Ambulance/Limousine	\$ 6,681	6,681		
29.	20	5-f	X-rays, etc	\$ 5,292	5,292		
30.	20	5-h	Laboratory	\$ 40,588	40,588		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 2,008	2,008		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 23,184	23,184		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation				
			See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 42,313	42,313		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 212,217	212,217		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation				
			Unallowable Building Interest -				
			See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)			\$ 1,297,293		1,297,293		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	\$ 14,081	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 3,354	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 5,748	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
Total Other Ancillary Costs			\$ 23,184	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV - Allowable \$3,600 Account#3005660130	\$ 42,313	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -

Total Other Adjustments	\$ 42,313	\$ -	\$ -
--------------------------------	-----------	------	------

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Attachment Page 29

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 37,390,203	37,390,203				
b. Medicaid Room and Board Contractual Allowance **	\$ (18,667,282)	(18,667,282)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 885,645	885,645				
b. Medicare Room and Board Contractual Allowance **	\$ (252,055)	(252,055)				
4. a. Private-Pay Residents and Other	\$ 1,523,629	1,523,629				
b. Private-Pay Room and Board Contractual Allowance **	\$ (488,330)	(488,330)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 62,243	62,243				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (17,715)	(17,715)				
c. Prescription Drugs - Non-Medicare	\$ 87,619	87,619				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (34,312)	(34,312)				
2. a. Medical Supplies - Medicare	\$ 1,661	1,661				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (473)	(473)				
c. Medical Supplies - Non-Medicare	\$ 11	11				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (6)	(6)				
3. a. Physical Therapy - Medicare	\$ 360,791	360,791				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (102,681)	(102,681)				
c. Physical Therapy - Non-Medicare	\$ 308,908	308,908				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (116,041)	(116,041)				
4. a. Speech Therapy - Medicare	\$ 147,426	147,426				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (41,957)	(41,957)				
c. Speech Therapy - Non-Medicare	\$ 179,300	179,300				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (70,302)	(70,302)				
5. a. Occupational Therapy - Medicare	\$ 492,045	492,045				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (140,036)	(140,036)				
c. Occupational Therapy - Non-Medicare	\$ 427,243	427,243				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (157,885)	(157,885)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 32,600	32,600				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 253,441	253,441				
III. Total Resident Revenue (Section I. thru Section II.)		\$ 22,063,690	22,063,690			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ (69)	(69)				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 5,159	5,159				
V. Total Other Revenue (1 thru 8)		\$ 5,090	5,090			
VI. Total All Revenue (III +V)		\$ 22,068,780	22,068,780			

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-a	Medicare	X-Ray	\$ 5,731	\$ - \$ -
II-6-a	Medicare	Laboratory	\$ 21,925	\$ - \$ -
II-6-a	Medicare	Respiratory Therap	\$ -	\$ -
II-6-a	Medicare	Nursing Treatment	\$ -	\$ -
II-6-a	Medicare	Audiology	\$ 18	\$ -
II-6-a	Medicare	Incontinency	\$ -	\$ -
II-6-a	Medicare	Oxygen & Supplie	\$ -	\$ -
II-6-a	Medicare	Physician Visit	\$ -	\$ -
II-6-a	Medicare	Ambulance	\$ 664	\$ -
II-6-a	Medicare	Flu Shot	\$ 17,230	\$ -
II-6-a	Medicare Contractual	X-Ray	\$ (1,631)	\$ -
II-6-a	Medicare Contractual	Laboratory	\$ (6,240)	\$ -
II-6-a	Medicare Contractual	Respiratory Therap	\$ -	\$ -
II-6-a	Medicare Contractual	Nursing Treatment	\$ -	\$ -
II-6-a	Medicare Contractual	Audiology	\$ (5)	\$ -
II-6-a	Medicare Contractual	Incontinency	\$ -	\$ -
II-6-a	Medicare Contractual	Oxygen & Supplie	\$ -	\$ -
II-6-a	Medicare Contractual	Physician Visit	\$ -	\$ -
II-6-a	Medicare Contractual	Ambulance	\$ (189)	\$ -
II-6-a	Medicare Contractual	Flu Shot	\$ (4,904)	\$ -
Total Other Resident Revenue - Medicare		\$ 32,600	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	\$ -	\$ -
II-6-b	Medicaid	Laboratory	\$ 1,154	\$ -
II-6-b	Medicaid	Respiratory Therap	\$ 242	\$ -
II-6-b	Medicaid	Nursing Treatment	\$ -	\$ -
II-6-b	Medicaid	Audiology	\$ -	\$ -
II-6-b	Medicaid	Incontinency	\$ -	\$ -
II-6-b	Medicaid	Oxygen & Supplie	\$ -	\$ -
II-6-b	Medicaid	Physician Visit	\$ -	\$ -
II-6-b	Medicaid	Ambulance	\$ -	\$ -
II-6-b	Medicaid	Flu Shot	\$ -	\$ -
II-6-b	Contractuals-Medicaid	X-Ray	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Laboratory	\$ (576)	\$ -
II-6-b	Contractuals-Medicaid	Respiratory Therap	\$ (121)	\$ -
II-6-b	Contractuals-Medicaid	Nursing Treatment	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Audiology	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Incontinency	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Oxygen & Supplie	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Physician Visit	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Ambulance	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Flu Shot	\$ -	\$ -
II-6-b	Non-Medicaid	X-Ray	\$ 1,138	\$ -
II-6-b	Non-Medicaid	Laboratory	\$ 6,540	\$ -
II-6-b	Non-Medicaid	Respiratory Therap	\$ -	\$ -
II-6-b	Non-Medicaid	Nursing Treatment	\$ -	\$ -
II-6-b	Non-Medicaid	Audiology	\$ -	\$ -
II-6-b	Non-Medicaid	Incontinency	\$ -	\$ -
II-6-b	Non-Medicaid	Oxygen & Supplie	\$ -	\$ -
II-6-b	Non-Medicaid	Physician Visit	\$ -	\$ -
II-6-b	Non-Medicaid	Ambulance	\$ -	\$ -
II-6-b	Non-Medicaid	Flu Shot	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	X-Ray	\$ (364)	\$ -
II-6-b	Contractuals-Non-Medicaid	Laboratory	\$ (2,096)	\$ -
II-6-b	Contractuals-Non-Medicaid	Respiratory Therap	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Audiology	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Incontinency	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplie	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Physician Visit	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Ambulance	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Flu Shot	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Capitation Contrac	\$ 364,277	\$ -
II-6-b	Contractuals-Non-Medicaid	X-Ray	\$ (365)	\$ -
II-6-b	Contractuals-Non-Medicaid	Laboratory	\$ (2,096)	\$ -
II-6-b	Contractuals-Non-Medicaid	Respiratory Therap	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Audiology	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Incontinency	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplie	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Physician Visit	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Ambulance	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Flu Shot	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Capitation Contrac	\$ (116,752)	\$ -
Total Other Resident Revenue		\$ 253,441	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts		\$ (69)	\$ -	\$ -
0		0	\$ -	\$ -	\$ -
0		0	\$ -	\$ -	\$ -

Total Interest Income

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
IV-8	RehabCare Settlement Administrator		\$ -	\$ -
IV-8	Rehab Screen		\$ 840	\$ -
IV-8	reclass: 610360-3010 Eva Harvey refund		\$ 364	\$ -
IV-8	Overpayment		\$ 8	\$ -
IV-8	HealthDrive Overpayment		\$ 28	\$ -
IV-8	HealthDrive Overpayment		\$ 31	\$ -
IV-8	Interest Income		\$ 1,634	\$ -
IV-8	Reclass AR Balance to correct account and BU		\$ 1,984	\$ -
IV-8	Rent Income		\$ 270	\$ -
Total Other Revenue		\$ 5,159	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Arden House Care and Rehabilitation C	2199-C	9/30/2019	31	37
Account				Amount
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 13,829	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 2,204,852	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ (4,829)	
4. Inventories			\$ 15,150	
5. Prepaid Expenses			\$ 1,780,502	
a. _____				
b. _____				
c. _____				
d. See Schedule		1,780,502		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 4,009,504	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	12,199	\$	11,818
	Accum. Depreciation	381 Net		
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost	2,344	\$	2,304
	Accum. Depreciation	40 Net		
6. Movable Equipment	*Historical Cost	654,293	\$	205,996
	Accum. Depreciation	448,297 Net		
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 220,118	

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Schedule of Other Current Assets (itemized) Page 31 Line A8

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Schedule of Other Assets Page 32 Line D7

Schedule of Notes Payable (Itemize) Page 33 Line A2

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
33	a12d	Accr Exp Other	\$ -
33	a12d	Acer Exp Water and Sewer	\$ 2,970
33	a12d	Acer Exp Gas	\$ 2,408
33	a12d	Acer Exp Electricity	\$ 13,964
33	a12d	Deferred Revenue	\$ 13,205
33	a12d	A/R Credit Gross Up Liability	\$ 290,118
33	a12d	Accrued Provider/Bed Tax	\$ 360,747
33	a12d	Acer Gross Rec Tax-FY11	\$ 2,640
33	a12d	Acer Gross Rec Tax-FY12	\$ 2,400
33	a12d	Acer Gross Rec Tax-FY13	\$ 2,400
33	a12d	Acer Gross Rec Tax-FY14	\$ 2,400
33	a12d	Acer Gross Rec Tax-FY15	\$ 2,400
33	a12d	Acer Gross Rec Tax-FY16	\$ 2,400
33	a12d	Acer Gross Rec Tax-FY17	\$ 2,400
33	a12d	Acer Gross Rec Tax-FY18	\$ 2,400
33	a12d	Accr Sales and Use Tax - FY18	\$ 251
Total Other Current Liabilities (Itemize)			\$ 703,103

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Arden House Care and Rehabilitation C	2199-C	9/30/2019	32	37
Account				Amount
Total Brought Forward:				\$ 4,229,622
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				\$
2. Land Improvements	*Historical Cost _____	Accum. Depreciation	Net	\$
3. Buildings	*Historical Cost _____	Accum. Depreciation	Net	\$
4. Non-Movable Equipment	*Historical Cost _____	Accum. Depreciation	Net	\$
5. Movable Equipment	*Historical Cost _____	Accum. Depreciation	Net	\$
6. Motor Vehicles	*Historical Cost _____	Accum. Depreciation	Net	\$
7. Minor Equipment-Not Depreciable				\$
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost _____	Accum. Depreciation	Net	\$
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care (<i>itemize</i>)				\$
6. Loans to Owners or Related Parties (<i>itemize</i>)				\$
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)				\$ (8,438,153)
I/C Due to/Due From Owned		(8,438,153)		
I/C Due to/Due From Multicare				
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$ (8,438,153)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ (4,208,531)

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2019	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$ 1,349,122	
2. Notes Payable (<i>itemize</i>)			\$	
See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	
Name of Lender		Purpose	Amount	Date Due
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$ 574,418	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$ 3,518	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$ 703,103	
See Schedule			703,103	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 2,630,161	

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				2,630,161
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
LT Debt-Financing Obligation				
Escheatable Funds				
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,630,161

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility Arden House Care and Rehabilitation	License No. 2199-C	Report for Year Ended 9/30/2019	Page 35	of 37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (5,797,127)
6. Gain or Loss for Period	10/1/2018	thru	9/30/2019	\$ (1,041,566)
7. Total Net Worth				\$ (6,838,693)
C. Total Reserves and Net Worth				\$ (6,838,693)
D. Total Liabilities, Reserves, and Net Worth				\$ (4,208,532)

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Arden House Care and Rehabilitation Ce	2199-C	9/30/2019	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2018				\$ (5,797,127)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 22,068,780
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 23,110,346
D. Net Income or Deficit				\$ (1,041,566)
E. Balance				\$ (6,838,693)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions				\$
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$
Name and Address (No., City, State, Zip)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)				\$
Purpose		Amount		
3. Total Deductions				\$
H. Balance at End of Period				\$ (6,838,693)

I. Preparer's/Reviewer's Certification

Name of Facility Arden House Care and Rehabilitation	License No. 2199-C	Report for Year Ended 9/30/2019	Page 37	of 37
---	-----------------------	------------------------------------	------------	----------

Check appropriate category

<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)
---	---	------------------------------------

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
Thomas Farnan		
Address	Phone Number	
200 Brickstone Square, Andover, MA 01810	978-247-5029	
Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number	
Thomas Farnan	978-247-5029	
Contact Email Address		
Thomas.Farnan@genesisshcc.com		